

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12	1					
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		2				
22		2				
23	1					
24		1				
25		1				
26		1				
27		1				
28	1					
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35	1					
36	1					
37	1					
38		1				
39	1					
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42						
43	1					
44	1					
45		1				
46		1				
47	1					
48		1				
49		1				
50		1				
TOTAL IND.	16					
TOTAL DEP.	43					
TOTAL CLAIMS	59					

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54	1					
55	1					
56	1					
57		1				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						